MONTHLY FILING GENERAL-PURPOSE FORM MPAC COMMITTEE CAMPAIGN FINANCE REPORT COVER SHEET PG 1 ACCOUNT # (Ethics Commission filers) 2 PAGE# The MPAC INSTRUCTION GUIDE explains how to complete this form. 1 of 5 00016265 3 COMMITTEE NAME **OFFICE USE ONLY** Austin Apartment Association PAC Date Received 4 COMMITTEE ADDRESS / PO BOX; APT/SUITE #; CITY, STATE ZIP CODE **ADDRESS** 8620 Burnet Road Suite 475 Austin, TX 78757 Change of Address Date Hand-delivered or Date Postmarked MS / MRS / MR FIRST МІ 5 CAMPAIGN Amount Receipt # Ms. Kristan **TREASURER** NAME Date Processed NICKNAME LAST SUFFIX Arrona Date Imaged STREET ADDRESS (NO PO BOX PLEASE); STATE. APT / SUITE #: CITY: ZIP CODE 6 CAMPAIGN AUS TREASURER'S 8620 Burnet Road STREET ADDRESS Suite 475 (Residence or business) Austin, TX 78757 STATE: ZIP CODE STREET OR PO BOX: APT / SUITE #: GITY: PM 7 CAMPAIGN TREASURER'S 8620 Burnet Road Suite 475 Austin, TX 78757 MAILING ADDRESS Change of Address PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN **TREASURER PHONE** (512) 323-0990 9 REPORT **TYPE** Dissolution 10th day after campaign Monthly (attach PAC-DR) (Enter date below) 10 MONTHLY REPORT **FILING** October 5 January 5 April 5 July 5 DEADLINE February 5 August 5 November 5 May 5 December 5 March 5 September 5 June 5 11 PERIOD Month Year Month Day Year COVERED **THROUGH** 12/25/2014 11/26/2014 **GO TO PAGE 2**

MONTHLY FILING GPAC REPORT: PURPOSE AND TOTALS

FORM MPAC COVER SHEET PG 2

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12		n Apartment Association PAC		ACCOUNT #
	NAME			00016265
13	COMMITTEE ACTIVITY	Candidates A. Supported (identify by same)		
ŀ	(Attach lists on	(identify by name or, if applicable, classify by party) B. Opposed		
	plain paper to complete this report if	2. Measures A. Supported		•
	necessary.)	(describe by date and location of election and nature of issue) B. Opposed		
		3. Officeholders Assisted		
		(identify by name or, if applicable, classify by party)		÷
14	CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$10 OR LI PLEDGES, LOANS, OR GUARANTEES OF LOANS (OR \$20 OR LESS IF QUALIFIED FOR HIGHER THE Check have if this record revelling for the lace.)	, UNLESS ITEMIZED ESHOLD)	\$ 0.00
		Check here if this report qualifies for the h 2. TOTAL POLITICAL CONTRIBUTIONS	gner itemization threshold.	
		(OTHER THAN PLEDGES, LOANS, OR GUARANTE	ES OF LOANS)	\$ 699.00
	EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$10 OR LE	SS, UNLESS ITEMIZED	\$ 0.00
		4. TOTAL POLITICAL EXPENDITURES	\$	\$ 6,179.61
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF THE REPORTING PERIOD	AS OF THE LAST DAY	102,973.58
	OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	G LOANS AS OF THE	0.00

15 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

MWMMMMM
Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Kiston J Arrona	, this the <u>5th</u> day
of Tanuary, 20 15, to certify which, witness my hand and seal of office	

Signature of officer administering oath

Amy SManusan
Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

L		<u>:</u>			
	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/	1 Report: 3/5
2	FILER NAME	Austin Apartment Association PAC		3 ACCOUNT # 00016265	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (IDA Arrona, Kristan	±)	7 Amount of contribution (\$)	8
	12/09/2014	6 Contributor address; City; State; Zip Code 5104 Gillians Walk Bee Cave, TX 78738		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup Executive Dir	pation / Job title (See Instructions) rector	10 Employer (See In Austin Apartme		
	Date	Full name of contributor ut-of-state PAC (ID# Ebner, Theresa (Ms.)	*)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 809 Charleston Blvd Smithville, TX 78957		\$300.00	!
				(If travel outside of	Texas, complete Schedule T)
		pation / Job title (See Instructions)	Employer (See In		
	Property Sup	ervisor/DM	LDG Development		
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 21415 E. Gold Buttercup Court Cypress, TX 77433		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Sales Rep	pation / Job title (See Instructions)	Employer (See In Camp Construc		
Γ	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/26/2014	Contributor address; City; State; Zip Code 1705 Coral Drive Cedar Park, TX 78613		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Property Sup	eation / Job title (See Instructions) ervisor	Employer (See In Capstone Real	structions) Estate Services	
	Date	Full name of contributor ut-of-state PAC (ID# Pujats, Andrew (Mr.))	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/10/2014	Contributor address; City; State; Zip Code 15139 South Post Oak Road Houston, TX 77053		\$99.00	!
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Sales Rep	ation / Job title (See Instructions)	Employer (See In CAMP Construc		

(512)463-5800 TDD 1-800-735-2989 P.O.Box 12070 Austin, Texas 78711-2070 Texas Ethics Commission POLITICAL EXPENDITURES SCHEDULE F **EXPENDITURE CATEGORIES** Gifts/Awards/Memorial Expense Legal Services Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Consulting Expense Food/Beverage Expense Travel In District Travel Out Of District Office Overhead/Rental Expense Event Expense Polling Expense Printing Expense OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 3 ACCOUNT # (TEC filers) 1 PAGE# Austin Apartment Association PAC 00016265 Schedule: 1/1 Report: 4/5 5 Payee name Date 11/30/2014 American Express 6 Amount (\$) Payee address City; State; Zip Code PO Box 53852 \$193.12 Phoenix, AR 85072-3852 Expenditure from corporate funds (a) Category (See Categories listed at the top of this schedule) (b) Description (If travel outside of Texas, complete Schedule T) **PURPOSE** Bank Fees Fees OF **EXPENDITURE** Check if Austin, TX, officeholder living expense 9 Complete ONLY if Candidate / Officeholder name Office sought: Office held: direct expenditure to benefit C/OH Date Payee name Angle Mastagni Matthews Political Strategies LLC 12/15/2014 Amount (\$) Payee address City; State; Zip Code 507 N. Sylvania Ave \$1,981.95 Fort Worth, TX 76111 Expenditure from corporate funds (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office sought: Office held: Complete ONLY if Candidate / Officeholder name direct expenditure to benefit C/OH Payee name Date 12/15/2014 Warren Law Firm City; State; Zip Code Amount (\$) Payee address 1011 Westlake Drive \$604.54 Austin, TX 78746 Expenditure from corporate funds (If travel outside of Texas, complete Schedule T) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Legal Services Legal Services **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought: Office held: Complete ONLY if direct expenditure to benefit C/OH Date Payee name Y Strategy 12/15/2014 Payee address City; State; Amount (\$) Zip Code 3110 Manor Road \$3,400.00 Austin, TX 78723 Expenditure from corporate funds (If travel outside of Texas, complete Schedule T) Category (See Categories listed at the top of this schedule) Description **PURPOSE** Consulting Expense Consulting Expense

OF EXPENDITURE

Complete ONLY if

direct expenditure to benefit C/OH Candidate / Officeholder name

Office held:

Check if Austin, TX, officeholder living expense

Office sought:

POLITICAL CONTRIBUTIONS RETURNED TO COMMITTEE

SCHEDULE J

The Instruction Guide explains how to complete this form.		·	1 PAGE # Schedule: 1/1 Report: 5/5	
2 FILER NAME	Austin Apartment Association PAC	3 ACCOUNT # (I	Ethics Commission filers)	
4 Date Returned 12/12/2014	5 Original payee name Steve Adler Campaign		7 Amount Returned (\$) \$350.00	
	6 Original payee address; City; State; Zip Code PO Box 302854 Austin, TX 78703		,	